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Jc840 U.S. PTO

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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

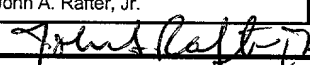
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	258/060
	First Named Inventor	Rando
	Original Patent Number	5,128,520
	Original Patent Issue Date (Month/Day/Year)	07/07/1992
	Express Mail Label No.	EL533101924US

APPLICATION FOR REISSUE OF:
(check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims See 37 CFR 1.173(c)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney	12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Other: This reissue application is a continuation of reissue application 08/570,625 which in turn is a continuation of RE35,117 which is a reissue of original Patent 5,128,520; the original patent 5,128,520 has already been surrendered; A copy of the Terminal Disclaimer from the parent application is enclosed.

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label  (Insert Customer Number or attach bar code label here) or <input type="checkbox"/> Correspondence address below					
Name	Lyon & Lyon LLP <small>PATENT TRADEMARK OFFICE</small>				
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NAME (Print/Type)	John A. Rafter, Jr.	Registration No. (Attorney/Agent)	31,653
Signature		Date	12/20/2000

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Jc951 U.S. PTO
09/745302
12/20/00

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
258/060

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 29	**** 9	X\$ = X\$ =		or	X\$18=	162
(C) 7		(D) 14	* 7				X\$80=	569
Basic Fee (37 CFR 1.16(h))						\$		\$ 710
Total Filing Fee						\$	OR	\$ 1432

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ =		or	X\$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ =			X\$ =
Total Additional Fee						\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1432.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

December 20, 2000

Date

Signature of Applicant, Attorney or Agent of Record

John A. Rafter, Jr., Reg. No. 31,653

Typed or printed name

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